

Foster Family Home - Corrective Action Report

Provider ID: 1-120082

Home Name: Luz Tarinay, CNA

Review ID: 1-120082-9

94-426 Alapine Street

Reviewer: Angel England

Waipahu HI 96797

Begin Date: 2/6/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection made for a 3 bed recertification inspection survey. A corrective action report was issued during home visit with a written plan of correction due to CTA by 3/6/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 No 2nd set of fingerprints present for HHM #1. Fingerprints/APS/CAN checks lapsed for HHM#2 and #3: were due on/before 1/10/19 and were done 1/18/19.

8.a.2 CG#4 was removed on 1/27/19. APS/CAN checks were due on/before 10/6/18.

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Personnel and Staffing

[11-800-41]

- 41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.6 The house is listed as having 4 bedrooms, 2 1/2 baths on the Honolulu tax map key. The home has 7 rooms being used as bedrooms. It is unknown if these are legal bedrooms, one client room is located in a room that appears to be a small enclosed porch area since it has a door leading outside. CG#1 stated she did not think they were properly permitted.

41.b.8 Bloodborne pathogen training lapsed for CG#2, was due on/before 1/10/19 and was done 1/12/19; Bloodborne pathogen training for CG#4, removed from home on 1/27/19, expired on 8/3/18.

41.f.1 HHM #1 has no TB screening form present for 2019.

41.g CG#2 through CG#4 have no basic skills checks signed by a RN case manager for Client #2 or #3. (LE)

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

3P.a.5 CG#4, removed from home on 1/27/19, lacks 5.5 hours of inservice training in the last 12 months.

Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 Client #1 delegation for [redacted] medications has no training dates for any caregiver; CG#3 has no RN delegation for [redacted] and there is no RN signature for CG#2. There is no [redacted] RN delegation for any caregiver. (Client #2 (LE))

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.2 and b.6 There are no drills present conducted in the evening or by CG#2

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Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.e Client #1 has significant [REDACTED] No training present regarding the [REDACTED]

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.a There is no client account record for client #1 The financial responsibility form does not indicate who is responsible for his monthly personal funds allowance.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no grab bars around toilet area in the bathroom closest to Client #1 and #2.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(3) Env. the room must be at least 140 square feet

(3P)(a)(5) Env. the room must have space for a dresser and nightstand for each client

(3P)(a)(6) Env. the room must allow space for clients and wheelchairs to move easily

Comment:

3P.a.3., a.5 and a.6 Env - The bedroom shared by Client #1 and #2 measures only approximately 116 square feet including the closet. There is inadequate room for each client to have a dresser and nightstand. The room does not allow for a client in a wheelchair to access the closet.

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Records

[11-800-54]

- 54.(c)(1) Client's vital information;
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5) Medication schedule checklist;
54.(c)(8) Personal inventory.

Comment:

54.c.1 the POLST/Vital information sheet has conflicting directions for CPR listed. For client #3, (LE)

54.c.2 Service Plan for Client #1 has [REDACTED] listed but no longer gets them done. The [REDACTED] is not listed on the service plan.

[REDACTED] are not listed on Client #2's service plan

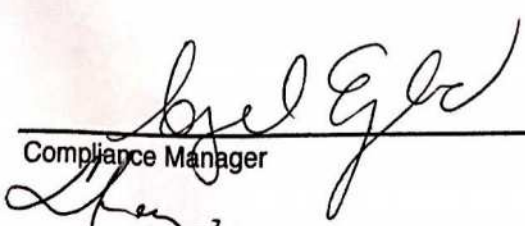
54.c.5 There are medication discrepancies for each of the three clients.

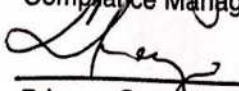
Client #1 - One medication is listed for weekly and it is being signed for daily. One medication is spelled incorrectly on the Medication Administration Record (MAR). [REDACTED] were not signed for today. One medication present had expired on 10/13/18. There were three medications not present that CG#1 stated had to be picked up from pharmacy today as they had to be refilled.

Client #2 One medication had not been signed as being given from 2/1/19 through today 2/6/19. Four medications have a discrepancy where the frequency does match on the order, prescription label and MAR. One medication doesn't match for dosage on the order, label and MAR. Client #2 has an as needed medication that was ordered and filled on 1/29/19 that has not yet been given or added to the MAR. There were two medications not present that had to be picked up from pharmacy per CG#1.

Client #3's medications were not signed for today for 7am, 8am and 9am medication.

54.8 No personal inventory sheet completed for Client #1


Compliance Manager


Primary Care Giver


Date

2/6/19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Luz Tarinay

CCFFH Address: 94-426 Alapine st, Waiaphu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8A(2)	CG#4 was to be removed ASAP if she does not return all forms updated and filed.	2/10/19	PCG deleted and removed CG#4 as a SCG.

Primary Caregiver's Signature: Luz Tarinay

Print Name: Luz Tarinay

Date of Signature: 4/22/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Luz Tarinay

CCFFH Address: 94-426 Alapine St, Waipahu Hi 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(6)	My Contractor [redacted] from the [redacted] already applied for building Permit.	2/9/2019	I will get the permit for any renovation in the future.
41(b)(8)	CG#2 I will used now online calendar/ write in my binder the expirations of all requirements before due date.	2/6/2019	PCG Will make sure all expiration date will write down in my binder.
41(F)(1)	HHM#1 TB screening was done on _____ And is now present.	2/11/2019	I will write down in my binder and I install Automatic reminder in my phone.
41(g)	CG#2 through CG#4 Have now the basic skills check signed by RN case manager for client 2/3	2/11/2019	It will be noted in my calendar/binder I will make sure of contact my RN. case Manager prior to admission.
3P(a)(5)	Staff- All SCG have 24 hrs. In service completed in file.	2/7/2019	PCG will have list of all SCG requirements and updated in service training for 12 hrs. a year.
3P(a)(5)	CG#4 Deleted as my SCG on 2/7/2019 for non compliance.	2/7/2019	PCG will removed SCG on binder if Deleted.

Primary Caregiver's Signature: Luz Tarinay

Print Name: Luz

Date of Signature: 4/22/19

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c(3)	Client#1 Delegation for [REDACTED] has all dates 2/8/2019. RN [REDACTED] came to delegate all SCG/PCG. Client#2 [REDACTED] came to delegated CG2 on 2/8/2019. CG#3 was delegated on 2/8/2019 for [REDACTED] signed by [REDACTED] RN case manager came to delegate all caregivers on 2/8/2019.	2/8/2019 2/8/2019	PCG will make sure of contact RN case manager and review client medication. PCG will make sure of contact RN case manager and review client medication.
3p(b)(2) 3p(b)(6)	PCG assigned all SCG to conduct fire drill on 2/8/2019 each month when they schedule to come on my home to conduct fire drill on 2/8/19 at 7pm.	2/8/2019	PCG have make a list of SCG who conduct drill every month.
47(e)	All care givers was provided training by the RN Case Manager for [REDACTED] and orders on 2/11/19 hand out materials was provided by [REDACTED]	2/11/19	PCG will obtain a list of [REDACTED] to the [REDACTED] or RN case manager.
48 (a)	Client account record now on file for Client #1 PCG is responsible for monthly personal funds place in client binder	2/7/2019	PCG will make sure all the receipts will be keep for records.

Primary Caregiver's Signature: Luz Tarinay

Print Name: Luz Tarinay

Date of Signature: 4/22/19

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CCFFH Name: Luz Tarinay

CCFFH Address: 94-426 Alapine st, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49(a)(2)	The grab bar installed on 2/9/19	2/9/19	PCG will make sure grab bars stay installed and steady to prevent from falling.
3p(a) 3(a) 5(a) 6	On 2/9/19, contractor applied for building permit. Each client will have their own room by June 8, 19 This was discussed with [REDACTED] during inspection.	2/9/19	PCG will ask CTA before moving client to another room.
54(C)(1)	CG #1 has made appointment with client PCP to updated POLST on 2/16/19.	2/9/19	CG #1 will make sure POLST/VITAL are updated.
54(C)(2)	Service plan for client #1 and #2 are updated to remove [REDACTED] input HD provider and [REDACTED]	2/9/19	CG #1 will make sure to review the client service plan and ask RN Case Manager for help.

Primary Caregiver's Signature: *Luz Tarinay*

Print Name: Luz Tarinay

Date of Signature: 4/22/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
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CCFFH Name: Luz Tarinay

CCFFH Address: 94-426 Alapine st, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54C(5)	CG #1 to be more aware of signing medications properly; CG#1 to check spelling of medications; CG#1 to discard or refill expired meds; CG#1 to pick up medications as soon as available for pick up - [REDACTED] Pharmacy.	2/6/19	PCG will check all medications daily; refer to MAR before giving medication.
54C(5)	CG#1 will review all medications on 2/6/19 at 6pm.	2/12/19	PCG will ask RN Case Manager to updated medications when there is new MD orders.
8A(1)	CG#1 will write note for all requirements that need to be updated. PCG#1 to get another two sets of fingerprint - 1/18/19 & 1/18/20	2/10/19	PCG will have automatic reminder for all expiration form that need to be updated.

Primary Caregiver's Signature: _____

Print Name: Luz Tarinay

Date of Signature: _____

4/22/19

Community Care Foster Family Home
(CCFFH)

Written Plan of Correction for Deficiencies
Listed in Corrective Action Report

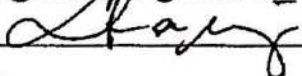
Chapter 17-1454

CCFFH Name: Luz Tarinay

CCFFH Address: 94-426 Alapine Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	2 nd set of fingerprints for HHM #1 placed in binder. Fingerprints done on January 21 st , 2019. HHM #2 and HHM#3 fingerprints on file done on January 18, 2019.	02/10/2019	PCG will have automatic reminders for all requirements needed for household members.
3p(b)(2) 3p(b)(6)	PCG conducted fire drill with all CSG on February 08, 2019 at 7:00 PM.	02/08/2019	PCG will create monthly schedule of fire drills and assign SCG. Copy to be given to all SCG.
54.8	Personal inventory sheet completed for client #1 on February 07, 2019.	02/13/2019	Personal inventory sheet to be updated every month.
48(a)	Client account record on file for client #1. PCG responsible for monthly personal funds.	02/07/2019	PCG to make sure all receipts will be kept for records and client record account updated every month on the 3 rd when allowance is given.
54c(5)	Medication log corrected to reflect correct weekly dose. Corrected spelling of medications. Medication given and signed appropriately. Properly discarded expired medications. Medications picked up immediately from pharmacy.	02/06/2019	PCG will check all medications daily before giving medications. PCG will pick up medications as soon as available for pick up from pharmacy, and properly administer medications. PCG will log all medications as soon as they are distributed.

Primary Caregiver's Signature:



Print Name: Luz C Tarinay

Date of Signature: 07/22/2019